

STATE OF HAWAII
DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS
Business Registration Division
335 Merchant Street
Mailing Address: P.O. Box 40, Honolulu, Hawaii 96810



STATEMENT OF DISSOCIATION

(Section 428-704, Hawaii Revised Statutes)

PLEASE TYPE OR PRINT LEGIBLY IN BLACK INK

The undersigned, submitting this Statement, do hereby certify as follows:

1. The name of the limited liability company is:

2. In compliance with Part VII of the Hawaii Uniform Limited Liability Company Act, the name of the member that has been dissociated from the limited liability company is:

We certify, under the penalties set forth in the Hawaii Uniform Limited Liability Company Act, that we have read the above statements and that the same are true and correct.

Signed this _____ day of _____, _____

(Type/Print Name & Title)

(Type/Print Name & Title)

(Signature)

(Signature)

Instructions: Statement must be typewritten or printed in **black ink**, and must be **legible**. The statement must be signed and certified by the dissociated member or by at least one manager of a manager-managed company or by at least one member of a member-managed company. All signatures must be in **black ink**. Submit original statement together with the appropriate fee.

Line 1. State the full name of the limited liability company.

Line 2. State the full name of the dissociated member.

Filing Fees: **Filing fee (\$25.00) is not refundable.** Make checks payable to DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS. Dishonored Check (\$15 fee plus interest charge).

NOTICE: THIS MATERIAL CAN BE MADE AVAILABLE FOR INDIVIDUALS WITH SPECIAL NEEDS. PLEASE CALL THE DIVISION SECRETARY, BUSINESS REGISTRATION DIVISION, DCCA, AT 586-2744, TO SUBMIT YOUR REQUEST.